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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	FA1108USNA
First Named Inventor	Arun Prakash Et. Al.
COMPLETE IF KNOWN	
Application Number	UNKNOWN
Filing Date	HEREWITH
Art Unit	UNKNOWN
Examiner Name	UNKNOWN

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD OF CHARACTERIZATION OF SURFACE COATING CONTAINING METALLIC FLAKES AND DEVICE USED THEREIN

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: **23906** OR Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any])	ARUN	Family Name or Surname
---	------	---------------------------

Inventor's Signature	Date
----------------------	------

Residence: City WEST CHESTER	State PENNSYLVANIA	Country US	Citizenship US
---------------------------------	-----------------------	---------------	-------------------

Mailing Address 1198 BLENHEIM ROAD

City WEST CHESTER	State PENNSYLVANIA	ZIP 19382	Country US
----------------------	-----------------------	--------------	---------------

NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name (first and middle [if any])	ROGER ALBERT	Family Name or Surname
---	--------------	---------------------------

Inventor's Signature	Date
----------------------	------

Residence: City NORTH EAST	State MARYLAND	Country US	Citizenship US
-------------------------------	-------------------	---------------	-------------------

Mailing Address 150 BRIDGEWOOD AVENUE

City NORTH EAST	State MARYLAND	ZIP 21901	Country US
--------------------	-------------------	--------------	---------------

<input type="checkbox"/>	Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.
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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
JUDITH ELAINE		OBETZ			
Inventor's Signature	<i>Judith Elaine</i>			Date <u>4/15/04</u>	
Residence: City	NEWTOWN SQUARE	State	PENNSYLVANIA	Country	US
Mailing Address	802 WHARTON COURT				
Mailing Address					
City	NEWTOWN SQUARE	State	PENNSYLVANIA	Zip	19073
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
WILLIAM B.		SCHENK			
Inventor's Signature	<i>William B Schenk</i>			Date <u>4/5/04</u>	
Residence: City	AVONDALE	State	PENNSYLVANIA	Country	US
Mailing Address	120 WHITNEY DRIVE <i>UNTIL JUNE 30, 2004</i>				
Mailing Address <i>AS OF JULY 01, 2004 → 23 CLOVERFIELD ST. COURTCI, ONT, LIGIKS</i>					
City	AVONDALE	State	PENNSYLVANIA	Zip	19311
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
JOHN P.		GALLAGHER			
Inventor's Signature	<i>John P. Gallagher</i>			Date <u>4/5/04</u>	
Residence: City	HOCKESSIN	State	DELAWARE	Country	US
Mailing Address	734 LORA LANE				
Mailing Address					
City	HOCKESSIN	State	DELAWARE	Zip	19707
Country	US				

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))		Family Name or Surname				
ALLAN BLASE JOSEPH		RODRIGUES				
Inventor's Signature	<i>Allan B. Rodrigues</i>				Date	3/30/04
Residence: City	BLOOMFIELD HILLS	State	MICHIGAN	Country	US	Citizenship
2663 DOUGLAS DRIVE						
Mailing Address						
Mailing Address						
City	BLOOMFIELD HILLS	State	MICHIGAN	Zip	48304	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))		Family Name or Surname				
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Mailing Address						
Mailing Address						
City		State		Zip	Country	
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Given Name (first and middle (if any))		Family Name or Surname				
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Mailing Address						
Mailing Address						
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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	UNKNOWN		
Filing Date	HEREWITH		
First Named Inventor	Arun Prakash Et. Al.		
Title	METHOD OF CHARACTERIZATION OF SURFACE COATING CONTAINING METALLIC FLAKES AND DEVICE USED THEREIN		
Art Unit	UNKNOWN	Examiner Name	UNKNOWN
Attorney Docket Number		FA1108USNA	

I hereby appoint:



Practitioners at Customer Number:

23906

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Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Arun Prakash		
Signature	<i>Arun Prakash</i>		
Date	4/7/04	Telephone	610 399 194

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of 6 forms are submitted.

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The above-mentioned Customer Number:

OR



The address associated with Customer Number:

<input type="checkbox"/>	Firm or Individual Name	
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Address		
City	State	Zip
Country		
Telephone	Fax	

I am the:



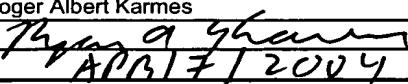
Applicant/Inventor.



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SIGNATURE of Applicant or Assignee of Record

Name	Roger Albert Karmes		
Signature			
Date	APR 7 / 2004	Telephone	302 695 9766

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Firm or Individual Name

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Address

City

State

Zip

Country

Telephone

Fax

I am the:



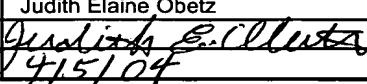
Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Judith Elaine Obetz		
Signature			
Date	04/15/04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



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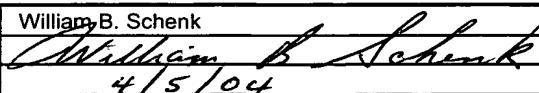
OR

 The address associated with Customer Number:

<input type="checkbox"/>	Firm or Individual Name	
Address		
Address		
City	State	Zip
Country		
Telephone	Fax	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	William B. Schenk		
Signature			
Date	4/5/04	Telephone	610 265 5391

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

<input checked="" type="checkbox"/>	*Total of <u>6</u> forms are submitted.
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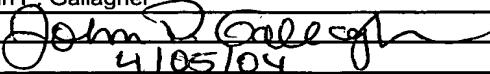
OR

<input type="checkbox"/>	Firm or Individual Name			
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I am the:

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SIGNATURE of Applicant or Assignee of Record

Name	John P. Gallagher		
Signature			
Date	4/10/05/04	Telephone	

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<input type="checkbox"/>	Firm or Individual Name	
Address		
Address		
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Telephone	Fax	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Allan Blase Joseph Rodrigues		
Signature	<i>Allan Blase Joseph Rodrigues</i>		
Date	3/30/04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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